

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		<i>06/02/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>BH</i>	<i>21</i>	<i>6/10/00</i>
RESPONSE FORMALITY REVIEW	<i>AB</i>	<i>60245</i> <i>60245</i>	<i>8-10-01</i> <i>11-31-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

BEST AVAILABLE